

2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 702959

FILED
Feb 07, 2017
Secretary of State
CC3523217750

Entity Name: CAPITAL MEDICAL SOCIETY, INCORPORATED

Current Principal Place of Business:

1204 MICCOSUKEE ROAD
TALLAHASSEE, FL 32308

Current Mailing Address:

1204 MICCOSUKEE ROAD
TALLAHASSEE, FL 32308 US

FEI Number: 23-7026264

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

IRWIN, PAMELA
1204 MICCOSUKEE RD
TALLAHASSEE, FL 32308 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: PAMELA WILSON

02/07/2017

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PAST PRES
Name RACKLEY, J. DANIELL DR.
Address 328 CORTEZ STREET
City-State-Zip: TALLAHASSEE FL 32303

Title P
Name HELLGREN, TRACEY MD
Address 1160 APALACHEE PARKWAY
City-State-Zip: TALLAHASSEE FL 32301

Title CEO
Name IRWIN, PAMELA
Address 1204 MICCOSUKEE ROAD
City-State-Zip: TALLAHASSEE FL 32308

Title PE
Name DIXON, DAVID D.O.
Address 1204 MICCOSUKEE ROAD
City-State-Zip: TALLAHASSEE FL 32308

Title TS
Name LOCKWOOD, MARIBEL DR.
Address 1204 MICCOSUKEE ROAD
City-State-Zip: TALLAHASSEE FL 32308

Title DIRECTOR
Name PATEL, PARESH DR.
Address 1204 MICCOSUKEE ROAD
City-State-Zip: TALLAHASSEE FL 32308

Title DIRECTOR
Name UMANA, ERNESTO DR.
Address 1204 MICCOSUKEE ROAD
City-State-Zip: TALLAHASSEE FL 32308

Title DIRECTOR
Name WHITHAUS, KENNETH DR.
Address 1204 MICCOSUKEE ROAD
City-State-Zip: TALLAHASSEE FL 32308

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I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: PAMELA IRWIN

EXECUTIVE DIRECTOR

02/07/2017

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name ALEXANDER, CHRISTIE DR.
Address 1204 MICCOSUKEE ROAD
City-State-Zip: TALLAHASSEE FL 32308

Title DIRECTOR
Name PERRY, GREGORY DR
Address 1204 MICCOSUKEE ROAD
City-State-Zip: TALLAHASSEE FL 32308

Title D
Name KRISHNAMOORTHY, NARAYANAN M.D.
Address 1204 MICCOSUKEE ROAD
City-State-Zip: TALLAHASSEE FL 32308

Title DIRECTOR
Name JOSEPH, ROHAN DR.
Address 1204 MICCOSUKEE ROAD
City-State-Zip: TALLAHASSEE FL 32308

Title D
Name ROSENBERG, LAURENCE M.D.
Address 1204 MICCOSUKEE ROAD
City-State-Zip: TALLAHASSEE FL 32308

Title D
Name WEEKS, JULIA M.D.
Address 1204 MICCOSUKEE ROAD
City-State-Zip: TALLAHASSEE FL 32308